| NAME OF CLAIMANT TELEPHOI | | | TELEPHONE | E NO. | |
|---|----------------|--|-----------|-----------------------------|------|
| | | | () | 1 | |
| ADDRESS (street, city, state, zip code) | | | | | |
| NAME OF SELLER TELEPHONE | | | | NO. | |
| | | | | () | |
| ADDRESS (street, city, state, zip code) | | | ' | | |
| MAKE OF: | | | | YEAR | |
| ☐ Vehicle ☐ Vessel | | | | | |
| | | ENGINE OR I.D. NO.(s) | | DMV SUSPENSE RECEIPT NO. | |
| DATE VEHICLE/VESSEL WAS DELIVERED DATE VEHICLE/VESSEL ENTERED CALIFORNIA | | DATE YOU BECAME RESIDENT OF CALIFORNIA | | DATE EMPLOYED IN CALIFORNIA | |
| WAS VEHICLE/VESSEL REGISTERED OUTSIDE THIS STATE BEFORE | IT WAS BROUGHT | TO CALIFORNIA? IF YES, WHEI | RE? | | |
| FOR MODEL MOBILEHOMES ONLY: | YEAR | MOBILEHOME MANUFACTUR | ΞR | PURCHASE PRICE | SIZE |
| | | | | | |
| I hereby certify that the above statements, to the best of my knowledge and belief, are true and correct. | | | | | |
| SIGNATURE OF CLAIMANT | | | DATE | | |

Take or mail this form to a local Board office (refer to the government pages of your telephone directory or call the Board's Information Center at 1-800-400-7115 for the address of the office nearest you). Be sure to include any required documentation.

FOR BOARD OF EQUALIZATION USE ONLY

| BRIEF STATEMENT OF FACTS | | |
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| EVIDENCE PRESENTED (attach copies) | | |
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| CONCLUSION | | |
| Please Note: If tax is collected, insert the use tax clear | rance certificate press nur | nber on the return. |
| | | equired, all documents returned to taxpayer. |
| Exempt — Certificate of Vehicle, Mobilehome or Co | ommercial Coach Use Tax | Clearance (Form BOE-111) Issued |
| | | |
| Press No: | Signed by | |
| ☐ Exempt — Certificate of Vessel Use Tax Clearance | (Form BOE-111-B) Issued | I |
| | | |
| Press No: | Signed by | |
| Mail to headquarters for final determination. | | |
| PREPARED BY | DISTRICT | DATE |
| | 510111101 | 5.112 |
| APPROVED BY | | DATE |
| | | |